FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06596 (3)

1. Corporation Name
PILOT CLUB OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 580TH WILDWOOD FL 34785	P.O. BOX 580TH WILDWOOD FL 34785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2351393 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, GWEN N
HWY 44 E, CT 163
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	REYNOLDS, KATHRYN	1.2 NAME	DEUEL, LINDA
STREET ADDRESS	P.O. BOX 278 N/A	1.3 STREET ADDRESS	7473 C.R. 139
CITY-ST-ZIP	COLEMAN FL 33521	1.4 CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	AMABILE, NANCY	2.2 NAME	MARTIN, RUTH
STREET ADDRESS	314 COUNTY RD. 312	2.3 STREET ADDRESS	11919 US HWY 301
CITY-ST-ZIP	BUSHNELL FL	2.4 CITY-ST-ZIP	OXFORD, FL 34484
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	CACCAMISE, MARICA	3.2 NAME	JOCHUM, DIANE
STREET ADDRESS	P.O. BOX 420 N/A	3.3 STREET ADDRESS	9260 C.R. 125B
CITY-ST-ZIP	WILDWOOD FL 34785	3.4 CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BOYLE, DOROTHY	4.2 NAME	SEIGLER, ROBERTA
STREET ADDRESS	4712 C.R. 118	4.3 STREET ADDRESS	607 E. CLEVELAND
CITY-ST-ZIP	WILDWOOD FL 34785	4.4 CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	SMITH, FRANCES	5.2 NAME	PRIDGEON, ELAINE
STREET ADDRESS	4767 C.R. 114	5.3 STREET ADDRESS	4308 EMMAUS ROAD
CITY-ST-ZIP	WILDWOOD FL 34785	5.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JOCHUM, DIANE	6.2 NAME	BERNARD, DEBBY
STREET ADDRESS	815 JUDY LANE	6.3 STREET ADDRESS	604 LEE STREET
CITY-ST-ZIP	WILDWOOD FL 34785	6.4 CITY-ST-ZIP	WILDWOOD, FL 34785

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Martin Ruth Martin 2-28-95 (904) 326-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060487